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PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS

June 2, 2017

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Chairman Ajit Pai
Commissioner Mignon Clyburn
Commissioner Michael O'Rielly
Federal Communications Commission
445 12th Street, SW Washington, DC 20554

Re: GN Docket No 16-46 – Request for Comment on Actions to Accelerate Adoption and Accessibility of Broadband-Enabled Health Care Solutions and Advanced Technologies

Dear Chairman Pai and FCC Commissioners:

The Pennsylvania Association of Community Health Centers (PACHC) appreciates the opportunity to respond to the FCC's "Request for Comment on Actions to Accelerate Adoption and Accessibility of Broadband-Enabled Health Care Solutions and Advanced Technologies", GN Docket 16-46.

PACHC represents 50 Community Health Centers (also known as federally qualified health centers or FQHCs) and rural health clinic organizations in 52 of our Commonwealth's 67 counties – nearly half of our service area is in rural Pennsylvania. We currently serve more than 800,000 vulnerable patients to provide high quality medical, dental and behavioral health care and have done so for nearly 50 years. A nonpartisan study conducted by George Washington University found that health centers on average save taxpayers and the health system \$1,263 per patient per year. In Pennsylvania, that translates into more than \$1 billion in savings because health centers help individuals get well and stay well by providing a quality "medical home" for their primary medical, dental and behavioral health needs, decreasing the need for costly inpatient and emergency care.

PACHC is responding to this RFC because our organization and the rural health centers we represent have serious concerns about recent developments in the Rural Health Care Program (RCHP), and the impact these developments will have on our ability to care for our medically-underserved patients.

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As outlined in comments submitted by our national association, the National Association of Community Health Centers (NACHC), we think that these funding cuts are a direct result of actions – and inactions – taken by the FCC over the past several years. Specifically, we are concerned about FCC decisions to:

- Expand eligibility and funding to Health Care Providers (HCPs) outside of rural areas;
- Expand eligibility and funding to non-profit hospital emergency departments;
- Not adjust the \$400 million funding cap over the program's 20-year history, despite increases in eligible providers, services, and costs; and
- Not allow carry-over of unused funds from previous years.

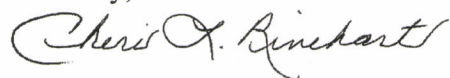
Now that the \$400 million cap has been breached and non-profit, rural safety net providers like us are facing reduced funding, it is imperative that the FCC take immediate action to ensure stable, adequate funding for those HCPs that Congress intended to benefit from the program. Specifically, PACHC supports the following recommendations offered by the National Association of Community Health Centers.

1. The FCC should revise funding amounts for the 2016-2017 year to provide full funding for rural FQHCs and other HCPs that are clearly eligible under a plain reading of the statute. This can be achieved by either:
 - Carrying over unused funds from previous years to offset shortfalls in 2016-2017, or
 - Targeting funding to HCPs that are clearly eligible under a plain reading of the statute.
2. Starting with the 2017-2018 funding year, the FCC should restructure the RHCP to:
 - A. More closely align with Congressional intent, by:
 - Restricting eligibility to HCPs that are actually located in rural areas and are either public or non-profit.
 - Defining "Rural Health Clinics" according to the statutory definition used by Medicare, Medicaid, and other HHS programs.
 - If total funding provided in a given year is less than the capped amount, permit the amount remaining under the cap to be carried forward into future years.
 - For years in which appropriate applications exceed available funding, establish a mechanism for prioritizing funding to:
 - Rural safety-net HCPs;
 - Eligible HCPs with the highest costs; and
 - Capital expenses for HCPs in areas with the lowest broadband availability.
 - B. Revise the funding cap to more realistically reflect participation and costs, and to ensure a predictable funding stream for eligible HCPs.
 - C. Adopt budgeting practices currently used in the E-Rate program, including establishing an inflation index and allowing unspent funds that were previously committed to individual HCPs to be redirected towards HCPs with unmet needs in the current year.

On behalf of our 806,929 medically-underserved patients, we thank you for your consideration of our comments. We would be happy to provide any further information that would be

helpful, and can be reached at jim@pachc.org or call (717) 761-6443, extension 206. Thank you.

Sincerely,

A handwritten signature in cursive script, reading "Cheri Rinehart". The signature is written in dark ink and is positioned below the word "Sincerely,".

Cheri Rinehart
PACHC President & CEO